

# Day Camp Registration and Health Form

For Zion St. John Lutheran with programming by Ingham Okoboji Lutheran Bible Camps

Please print clearly. This form may be copied. Please use a separate form for each camper.  
Please take a moment to review and sign the Conduct Covenant on the back of this sheet.

PLEASE RETURN YOUR COMPLETED DAY CAMP REGISTRATION FORM TO YOUR LOCAL DAY CAMP DIRECTOR, Leah.

## Personal Information

July 21-24, 2025 5-8pm

Name: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ Sex: M / F 1st time day camper? Y / N

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact and Phone #: \_\_\_\_\_

Siblings attending Day Camp: \_\_\_\_\_

Church (if different from host Church): \_\_\_\_\_ City: \_\_\_\_\_

## **General Health Information**

Chronic or recurring illness or medical condition that may affect Day Camp life: \_\_\_\_\_

Allergies (i.e. food allergies, bee stings, etc.) \_\_\_\_\_

Dietary restrictions (i.e. vegetarian, lactose intolerant): \_\_\_\_\_

Other suggestions that may help make your day camper's week more comfortable and enjoyable:

Medications (please list kinds and dosage): \_\_\_\_\_

***All pertinent medication must be brought to the local Day Camp Director in their original containers.***

## Insurance Information

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Holder's Name: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

## Immunizations (circle Yes or No)

DPT (series of 3) Yes or No

Polio Immunization Yes or No

MMR (Measles/Mumps/Rubella) Yes or No

**Date of last Tetanus** \_\_\_\_\_

**TSHIRT SIZE:** Youth XS\_\_ S\_\_ M\_\_ L\_\_ XL\_\_ or Adult S\_\_ M\_\_ L\_\_ XL\_\_ (Please note if church desires this to be filled out)

## **Permission**

*I give my permission for my child to participate in all aspects of the Day Camp program. I understand that every effort will be made to contact me if my child needs emergency medical treatment. I authorize medical personnel, the local Day Camp coordinator or Day Camp staff to secure any medical or emergency treatment as deemed necessary for my child. I or my insurance company will pay for any medical treatment if costs are incurred. I give permission for any picture or video taken of my child to be used for promotional purposes. I understand choosing to send this child to daycamp may increase their risk of being exposed to communicable diseases such as flu or COVID. For the safety of other campers and IOLBC staff, I agree to not send this child if I suspect they are ill.*

X \_\_\_\_\_

Parent/Guardian Signature

-----

Date

# **Day Camp Covenant**

As a participant in Day Camp and as a child of God, I understand and agree to the following expectations:

- I will choose to participate fully in Day Camp.
- I will choose to respect all people, including myself, choosing to treat others as I would like to be treated.
- I will choose to listen to the Day Camp leadership team and volunteers.
- I will choose to use my words to build others up or I will choose to be quiet.
- I will not bring harm to myself. I will choose to maintain self-control.
- I will choose to be respectful of the facilities and grounds where Day Camp is held.
- I understand that if I damage other peoples' property, I am responsible for replacing/repairing it.

**\*\* I understand that if I choose to break this Conduct Covenant, there are consequences. I will take responsibility for my actions. I understand that if I choose to harm myself or others, my parent/guardian will be contacted and I will be sent home.**

-----

Day Camper's Signature

**\*\* I have read this Conduct Covenant and enter into it with my child. I will encourage my child to abide by it. I understand that should my child choose to break this Covenant, every effort will be made to contact me and my child will be sent home. I also understand that if I am not reachable the emergency contact listed will be contacted.**

-----

Parent/Guardian Signature